

Examination next day. "Slight adhesion had taken place along the edge of the flap, and when this was torn up, patches of pus were found streaked over the side of the neck where the tumour had been removed. The line of incision made for tying the carotid had also partly adhered; and on cutting deep towards the artery we found that lymph had been poured out and become organized so as to cover the artery. I cut out a portion containing the sheath of the artery, vein, and nerve, and dissected them carefully afterwards. The artery was found to be unusually large, but otherwise healthy. The *vasa vasorum* were seen ramifying very numerous along its surface. A plug of fibrin filled the vessel for nearly two inches below the ligature, and a similar one for about half an inch above it. It was found that the artery was firmly constricted by the ligature, and a little lymph covered the noose so as to fill up the notch made by the thread. The vein and *par vagum* were found undisturbed in their relative situation, and the former seemed unusually large.

"2d, *Thorax*.—On raising the sternum, we found a large quantity of fat covering the pericardium, adhesion of left lung to the pleura, and a little pus below the pleura at the upper part of the sternum. On the surface of the left ventricle of the heart there was a portion of false membrane. The right side of the heart when opened, appeared sound. In the left side the mitral valves were a little thickened; and the semilunar valves at the root of the *aorta* very much thickened and corrugated."

### MIDWIFERY.

30. *Case of Retention of a Fetus, and a portion of the Placenta*. By Surgeon SHORLAND.—Jane Finney, aged nineteen, the wife of a sergeant of the 96th regiment, a young woman of a nervo-sanguineous temperament, in consequence of a sudden fright in the beginning of January, 1828, began to feel labour pains about a month before her computed time. Having always enjoyed good health, except suffering occasionally from slight ailments, attendant on her pregnancy, she did not apply for assistance until after four or five days, when the pains became so violent, as to induce her to send for Mr. — of —, whom she had engaged to attend her.

Mr. — recommended the adoption of means to delay the labour to the regular period, and accordingly bled her twice on that day, and administered medicines to produce the same effect. By these measures, and the debility consequent on the large abstraction of blood, the pains were suspended for about forty-eight hours; they then recurred with more violence, and in the course of another forty-eight hours the labour terminated, on the 14th January, about ten o'clock at night, in the birth of a small female child. The pelvis being rather small, though not otherwise ill-formed, and the breech the presenting part; the body was excluded, as she conceived, more than an hour before the head could be extracted. At this time Mr. — was urgently required by another patient, and left Mrs. F. in charge of the nurse, during about five or six hours that he was absent; the head was extricated by the returns of the pains, and the aid of the nurse; the child, from the long detention of the head, being *still-born*. The placenta not following so soon as was desired, was also rather forcibly extracted by the nurse, as was inferred by the violent pain consequent on her pulling at the funis umbilicalis; a copious flow of blood succeeded to this operation, and reduced her to almost the lowest state of debility; she was herself insensible to what was passing, but has since been informed, that more than six hours elapsed before the attendants could venture to remove her, or to change the soiled linen. Mr. — returned about the time that she was beginning to recover, and conceiving that all was over, he merely recommended her being kept quiet, and said she would do very well. Shortly after his visit the pains returned as violent as during any period of the labour; these being considered by the nurse

as the usual after pains, were partially relieved by the repeated exhibition of opiate medicines during the first three or four days; at the expiration of this time, the nurse finding the body continuing nearly as large as before the labour, mentioned the circumstance to Mr. —, who, after examining his patient, said, that possibly something might have remained in the uterus, but that it was then too late to attempt extracting it, and that it would come away in the course of a short time. From this time her sufferings were great, from the frequent recurrence of violent pains, and a constant discharge from the vagina, of a dark green fetid fluid; at the end of four or five months, as nearly as she can recollect, a large mass, apparently of flesh, came away; notwithstanding this, the pains and discharge continued, and compelled her to be in almost constant attendance on Mr. — for relief, until she embarked with her husband, on the 14th May, 1829, for Halifax, Nova Scotia.

On board the transport she suffered greatly from sea-sickness; this, by the violent straining, had the effect of expelling from the uterus several large masses, but from her situation their nature could not be ascertained. She arrived at Halifax in a very debilitated state on the 5th July, and shortly after applied to me for assistance.

After hearing her statements, I examined the state of the uterus, and found it enlarged and hard, the os tincæ was rather dilated, and effectually stopped up by a broad bone, which could not be removed, nor would allow of a finger passing it. She had stated that the discharge, though still constant, was much diminished in quantity, except at the periods of menstruation, when a large quantity of fluid accumulated in the uterus, and frequently from a sudden motion of the body, or when lying in bed, would burst forth with violence, and occasionally bring with it small pieces of bone. In this manner, after a delay of a few days, this bone came away, as did subsequently several smaller ones, with comparatively but little pain. By February, 1830, nothing appeared to remain in the uterus, though, on examination, its orifice was hard, and apparently in a scirrhus state. In the month following, she had acute pains in the uterus, extending to the right side, for which she required bleeding and antiphlogistic treatment. Subsequently, by the use of tonic medicines, a nutritious diet, and moderate exercise, she regained her strength, and recovered, in a great manner, her former healthy appearance. The uterus must also have returned to its natural state; the menstruation did not appear to have been regularly established, as she proved to be pregnant in the month of July, 1830, and in March, 1831, after a labour of about fifteen hours duration, which proceeded in the usual manner—she was delivered of a female child, small, and apparently not at its full time, which survived its birth only twelve hours. Since that time she has had tolerably good health, and is now, (Sept. 1831,) about three months advanced in her third pregnancy.—*Lond. Med. and Surg. Journ. Sept. 1832.*

31. *Case of Laceration of the Centre of the Perineum, and Passage of the Child and Placenta through the Aperture, with Remarks.* By Baron DUPUYTREN.—Madame Bourgillon, a cook, aged thirty-eight, of middle stature and symmetrical formation, but rather dry fibre, married about a year, and pregnant for the first time, was taken in labour on the morning of Sept. 8th, 1832. At first the pains were slight, but became more intense towards mid-day, the head of the infant presenting in the "first position." The labour proceeded briskly, and was not retarded until the occiput arrived at the external fissure, which was extremely narrow. There then took place several sharp pains, during which, according to the account of the midwife, the vulva was dilated to the extent of about an ordinary drinking-glass, (*verre à boire*,) when the forcing effort ceased, and the head receded. The midwife now lubricated the parts with oil, keeping her hand on the perineum, in order to support it. At a quarter to 4 o'clock, there came on, quickly after each other, two very violent pains: she felt the perineum tearing under her fingers, and the head, followed by the body of the

infant, was straightway expelled through the laceration. The cord was tied and cut, and the child handed over to an attendant: the cord was now hanging from the artificial aperture, and the placenta speedily passed by the same route. No hæmorrhage took place. The infant was of the medium size, and is thriving well.

In her first alarm the midwife sent for M. Baudelocque, but seeing that Madame B. was not suffering, and that there was little remains of the rent to be perceived, she merely told him that the labour was over, without alluding to the accident, and resolved to let the first nine days pass over before she informed her patient.

Every thing went on well for two days; but a clyster which was then administered having immediately returned, without the patient having any power of retaining it, led to the apprehension of the sphincter ani being ruptured: it was even supposed that a portion of the clyster had returned by the wound. It was now necessary to acknowledge what had happened: however, some further time was allowed to pass without surgical aid. Castor oil was given, to keep the bowels open freely, and get rid of the milk. The babe was sent to a wet nurse, and the mother had little fever, or other symptom, except copious perspiration.

On the tenth day M. Guersent, jun. was consulted. He first tried very dilute lotions of chlorine, then touched the parts with caustic, and finally brought the edges of the wound together with sutures, the ligatures being supported by two buttons of gum-elastic. At the end of four days union seemed to have taken place, except at one small fistulous point next the rectum. The sutures were removed, and the adhesions seem to have continued two days, but were then destroyed, during some effort made by the patient. On the 6th of October she came to the Hôtel-Dieu. The most scrupulous examination was then instituted into the causes and consequences of the occurrence. The patient, as already stated, was found to be well-formed; the upper brim of the pelvis had the ordinary dimensions: the sciatic tuberosities had the usual distance; and the other parts presented nothing which appeared calculated to produce such an accident. As to the soft parts, the vulva remained entire, without any laceration at the fourchette, and was still narrow—the patient stating that the approach of her husband still produced pain. It is proper to remark, however, that the urethra is turned forward, being situated very close to the arch of the pubes, so that there is about an inch and a half between the posterior commissure and the anus. At this time four weeks had elapsed since the accident, and the tumefaction had subsided, leaving the parts in their natural state. The wound began four lines from the vaginal commissure, running backwards on the raphe to the extent of nine lines, and then falling at right angles into a transverse rent of six or seven lines, giving to the whole somewhat the form of the letter T. The measurements were taken when the parts were left undisturbed, but if the wound be stretched the dimensions become much greater: M. Dupuytren introduced three fingers without the slightest difficulty. The opening was continued perpendicularly upwards and between the rectum and vagina. No injudicious expedients had been had recourse to during the labour, and M. Dupuytren had always considered the midwife a skilful one: she had practised four-and-twenty years. The patient had been placed nearly in a sitting posture during labour.

After this minute description of the circumstances, observed M. Dupuytren, there are two objections to be considered. The first relates to the doubt expressed by M. Capuron of the possibility of such an event. This gentleman says, that before yielding his belief he would require to know the size of the child's head: but if it be admitted that a small head might pass, the question is answered, for who will say that in parts so distensible a larger head may not pass when a smaller one has gone before?

The second argument consists in explaining the facts brought in proof of the event, by giving to them a different signification. Thus Mad. Lachapelle, before M. Capuron, had held that in every case of central rupture of the perineum the infant does nevertheless pass by the vulva, and she was wont to cite nume-

rous instances in support of this doctrine. But this only shows, what every one must admit, that the perineum may be torn, though the child is born in the natural manner. That this may often happen, is granted; that it happens always, is inadmissible. Here is a case in point, with every circumstance to render it conclusive; and yet when M. Coutouly—a name honoured in science, related a case of this description, it was said he had lost his senses—he had been agitated—he had not seen. But if such a man did become agitated, assuredly it must have been after, not before the accident which affected him. But is it really so marvellous? To my mind the wonder is, not that it should occur sometimes, but that it should happen so seldom. Whoever has witnessed first labours, in which the vulva has so much difficulty in dilating, and the perineum so much disposition to become stretched, must have felt some apprehension lest the head should burst through it. It may be asked how—the supposed passage having been formed—the laceration does not extend into the vagina and rectum. But the *how* matters little; the fact speaks for itself. We might as well inquire how in this case, for example, the head passing by this so narrow vagina, respected the thin commissure which separates it from the wound? I am convinced that this passing of the head by the perineum is not so rare as experience would seem to show, merely because the commissura vaginalis being ruptured, the accident receives the name of laceration of the fourchette. This leads us to inquire into the circumstances which favour an occurrence which is acknowledged to be uncommon; and the first point we remark is, that it takes place exclusively, or nearly so, in first labours. This patient, as has been seen, had the vulva turned forward. This arrangement is very remarkable, and too little known, in persons otherwise well formed, and who have not borne children. The vulva is sometimes situated forwards, and very near the pubes; sometimes very near the rectum, and looking downwards. It may easily be imagined how much, in the former case, the difficulty of labour will be increased, the vulva being only capable of extending itself backwards, and the head of the child having a longer traject to make; besides which, it is constantly pressing upon a perineum which extends more and more before it. At the very first examination this distention of the parts struck me in our patient; and accordingly the wound was found to be in the centre of the perineum, in the situation and with the direction which the natural passage has in other women. The position given to the patient appears also to have had great influence; she was so much supported by pillows as to be nearly sitting. This is in accordance with other analogous facts; in one such, for example, it is stated that the child was expelled through the perineum while the mother was sitting on the close-stool. Now it is clear that in such a posture the combined efforts of the uterus and abdominal muscles bear down with the greatest energy upon the perineum, and consequently that the patient ought to be placed horizontally.

Is blame to be attributed to the accoucheur for neglecting to afford due support to the perineum in such cases? In fact, the effort by which the child is expelled appears too energetic to be controlled without danger by external pressure. M. Coutouly supported the perineum very powerfully in such a case, but without success. M. Evrat makes the same statement; as does Mad. Lachapelle.

On the second day, as above stated, a lavement could not be retained. As, however, it is ascertained that there is no communication between the rectum and vagina, this was probably owing to paralysis of the sphincter, which frequently lasts several days after delivery. Why did not M. Guersent succeed in curing the wound, as union had begun? Assuredly because he removed the ligatures too soon. In recent wounds reünion may be accomplished in four or five days, but in those which have gone on to suppuration—unless the granulating process be established, and favourably, a much longer time is required. Still more does the remark apply to a wound of this nature, where the adhesion is further retarded by lochial discharge. I

have many times, (said M. Dupuytren,) had occasion to unite by suture suppurating wounds, and I have found that the process required twice as long as in recent wounds, and more than this under circumstances like the present. I was called by M. Gardien to a young girl put to bed clandestinely: the labour had terminated in a complete rupture of the perineum, which reached as far as the anus. Many days had already elapsed, and I introduced sutures at separate points; but now I should prefer the uninterrupted form. At the end of a month the girl was obliged to return to her father's, and the union was not then complete, obstinate suppuration having been the only obstacle—for I had not cut the threads, and they had not worn through the flesh. I recommended that the sutures should be left, thinking union would yet take place: this was done, and I heard nothing more of the case at that time.

Three or four years after, I saw a man and woman enter my consulting-room, the latter keeping behind, and making me a sign, to be prudent. The man—he was her husband—informed me that he had not been able to consummate the marriage, and he wanted to know whether the fault lay with him or his wife. I examined her, and found the opening of the vagina very narrow, and turned forwards: the perineum displayed a long and firm cicatrix. I advised the husband to renew his efforts, which were at length crowned with success: the woman became pregnant, and was delivered without any fresh laceration—rather a remarkable circumstance. This was the patient on whom I had operated several years before, and she informed me that the medical man who afterwards saw her left the ligatures undisturbed, till perfect union had occurred.

In most cases union will occur spontaneously, under the assistance of rest and cleanliness; in the present instance, however, that cannot be expected, for the edges are partly cicatrized. Now here lies the doubt: ought reünion to be attempted, or the septum between the wound and the vulva be divided? By this last proceeding a large orifice would be formed for the vagina, which would be attended with no inconvenience, while it would greatly simplify the matter. To effect reünion fresh edges must be made, the uninterrupted suture applied, and suffered to remain as long as it produces no mischief. By this means would be produced a very narrow aperture to the vagina, and that turned forward, so that on a second accouchement the same difficulties would occur as before, increased by the less extensibility of the perineum. The subject must be duly weighed before we come to a decision.—*Med. Gaz. Oct. 1832.*

32. *Musk in Uterine Hæmorrhage.*—Dr. HAUFF recommends musk in doses of 8 or 10 grains every quarter or half of an hour, as an excellent remedy for flooding, particularly when occurring after too precipitate labours.—*Gaz. Med. and Medicinische Conversations-Blatt, No. 3.*

33. *Case of Twins, one born sixty-nine hours after the other.*—An interesting case of this description has been communicated to the Medical Society of Paris, by Dr. CHARLES GERAARD, of Morteau. The delivery took place at full term, according to the calculations of the mother and the appearances of the children, though one child was smaller than the other. The two placentæ were entirely distinct. Between the birth of the first and second child, the mother enjoyed for several hours a perfect respite from all pain. The details of the case are given in full in the *Transactions Medicales* for June last.

#### MEDICAL JURISPRUDENCE.

34. *Case of Poisoning by Arsenic.*—M. and Mad. Caillette having eaten some *bouilli* and other meats at dinner, were seized, two hours after, with sickness and vomiting, which, however, by degrees ceased, and did not again return till